FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1	ORGANIZATION					İ	FEC MAU OF
1. NAME OF	<u> </u>		Check if name	————	mple:If typing, type	L	FECUMANL CENTER
COMMITTEE (ii	n full)		changed)		the lines.	12FE4M	5
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ADDRESS (number a	and street)	PO	30X 68	1337		111.	
(Check if address is changed)		MIAMI				ı FL ı	33168
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRE	SS (Please	provide only on	e e-mail ad	dress)		
(Check if	addross	USsenateCampaignFundPACs@gmail.com					
is changed)		ــــــا					
COMMITTEE'S WEE	B PAGE AD	DRESS (UI	RL)				
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2. DATE 1	0 ′ 4	°′Ž0)12 '				
3. FEC IDENTIFI	CATION N	UMBER	С				
4. IS THIS STATE	MENT 2	NEW	(N) OR		AMENDED (A)		
I certify that I have	examined t	his Stateme	nt and to the l	est of my	knowledge and belief it	is true, corre	ct and complete.
Type or Print Name	of Treasure	ST/	ANLEY	GATE	S		
Signature of Treasur	rer	5 lan	la Ga	tes		Date 1	0° ′ 04° ′ 20′12 ′
NOTE: Submission of	false, error		•	-	ojedhtke person signing to OULD BE REPORTED W		to the penalties of 2 U.S.C. §437g. S.
Office Use					For further information or Federal Election Commission		FEC FORM 1